

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

05/11/2005

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYD096935077

INSTALLATION NAME:

DELUX PACKAGING

INSTALLATION ADDRESS:

63 NORTH ST

SAUGERTIES, NY 12477

MAILING ADDRESS:

PO BOX 269

SAUGERTIES, NY 12477

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-3056

TO: DELUX PACKAGING

or Current Occupant

ATTN: PAUL FISCHER

PO BOX 269

SAUGERTIES, NY 12477

OMB#:	2050-0028	Expires	1/31/	200

United States Environmental Protectio	n Agency 05 MAY 34 Dith 0 Co				
RCRA SUBTITLE C SITE IDENTIFICATION FORM					
Reason for Submittal: To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazard waste, universal waste, or used oil activities)					
To provide Subsequent Notification of Regulated Waste Act As a component of a First RCRA Hazardous Waste Part A F					
☐ As a component of a Revised RCRA Hazardous Waste Part☐ As a component of the Hazardous Waste Report	A Permit Application (Amendment #)				
EPA ID Number	3501717				
Name: DELUX PACKAGIA	o 6				
Street Address: 63 North Street					
City, Town, or Village: Saugerties	State: NY.				
County Name: UISter	Zip Code: 12477				
€ite Land Type: Private □ County □ District □ Federa	I □ Indian □ Municipal □ State □ Othe				
Film and Foil Printer. C. D.					
Street or P. O. Box: P.O. Box 269					
City, Town, or Village: SAUTER Ties					
State:	•				
Country: U.S.A.	Zip Code: 12477 16				
First Name: Paul Fischer MI: /	Last Name: Fiscles				
Phone Number: (845) 246-6090 Extension: 105	Email address: P. Fischer (3) delux				
A. Name of Site's Operator: Guy Page.	Date Became Operator (mm/dd/yyyy):				
Operator Type: Private County District Federal Indian Municipal State C					
B. Name of Site's Legal Owner:	Date Became Owner (mm/dd/yyyy):				
	Reason for Submittal: To provide Initial Notification of Regulated Waste Activity (to waste, universal waste, or used oil activities) To provide Subsequent Notification of Regulated Waste Act As a component of a First RCRA Hazardous Waste Part A F As a component of a Revised RCRA Hazardous Waste Part As a component of the Hazardous Waste Report EPA ID Number Name: DELVX PACKAGA Street Address: Gity, Town, or Village: City, Town, or Village: Cite Land Type: Private County District Federa A. Film and Foil Printel. C. D. Street or P. O. Box: City, Town, or Village: State: Country: State: Country: First Name: Phone Number: Private County District Federa A. Name of Site's Operator: Goy Page Operator Type: Private County District Federa Pederator County District Federa A. Name of Site's Operator: Goy Page Operator Type: Private County District Federa Operator Type: Private County District Federa				

212 687 4106 637 JACK HOYT USAEPA EPA Form 8700-12 (Revised 1/2004) PLEASE CONTACT NYC NY 10007 290 BROADWAY

9. Legal Owner	Street or P. O. Box:	00 maris	en st.					
(Continued) Address	City, Town, or Village:	Montreal						
	State: Quies							
	Country: Canada			Zip Code: HIB 4V2				
10. Type of Regulated Mark "Yes" or "No		iny additional boxe	es as instruc	ted. (See instructions on pages 16 to 20.)				
A. Hazardous Was Complete all pa	te Activities rts for 1 through 6.	:						
a. LQG: b. SQG: c. CESQ In addition, in	of Hazardous Waste loose only one of the following Greate: than 1,000 kg/mo (2,2) of non-acute hazardous waste 100 to 1,000 kg/mo (220 - 2,2) of non-acute hazardous waste IG: Less than 100 kg/mo (220 of non-acute hazardous waste Idicate other generator activity Id States Importer of Hazardous Waste (hazardous and radioacute) Waste (hazardous and radioacute)	Y N 2. Transporter of Hazardous Waste Y N 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity. Y N 4. Recycler of Hazardous Waste (at your site) Y N 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark each that applies. a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining Furnace Exemption						
			YOND	6. Underground Injection Control				
B. Universal Waste	Activities			C. Used Oil Activities				
5,000 kg or i determine w waste ger 'Yes",	tity Handler of Universal Was more) [refer to your State reg that is regulated]. Indicate ty perated and/or accumulated a es that apply:		Mark all boxes that apply. 1. Used Oil Transporter If "Yes", mark each that applies. □ a. Transporter □ b. Transfer Facility					
	Generate	<u>Accumulate</u>	YDND	2. Used Oil Processor and/or Re-refiner				
a. Batteries		ם		If "Yes", mark each that applies.				
b. Pesticides				b. Re-refiner				
c. Thermostate	_	٥	YDND	3. Off-Specification Used Oil Burner				
d. Lamps	·	٥						
	ify)		YOND	4. Used Oil Fuel Marketer If "Yes", mark each that applies.				
	ify)			a. Marketer Who Directs Shipment of				
	ify) □	_		Off-Specification Used Oil to				
	Facility for Un:versal Waste			Off-Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications				

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed. Occordist Occ		s (See instructio	ons on page 20.)	Waste Flami	nable Liquid (1 ohol) 370 UN (Alcohol)
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulat hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page more spaces are needed for waste codes. Same? Same? 12. Comments (See Instructions on page 20.) 3. Cert fication. I certify under penalty of law that this document and all attachments were prepared under my direction or upervisi in in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submittee. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gather information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that here are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violation. See Instructions on page 20.) Signature of operator owner, or an Name and Official Title (type or print) Date Signitum (mm/dctyg)	handled at your site. List them in	ulated Hazardou the order they ar	us Wastes. Pleas	e list the waste code regulations (e.g., D	s of the Federal haza	rdous wastes 2). Use an
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SEPA		ION OF HAZARD			INSTRU	CTIONS	S: If you	receiv	ed a p	reprinted
INSTALLA- TION'S EPA I.D. NO.	TION'S EPA							s incor	rect, di ect inf	raw a line formation
I. STALLATION						and co	orrect, lea	ve Iten	ns 1, 11	, and III
INSTALLA- TION II. MAILING ADDRESS	below blank. If you did not receive a prepring label, complete all items. "Installation" mea single site where hazardous waste is general PLEASE PLACE LABEL IN THIS SPACE treated, stored and/or disposed of, or a treated.							means a enerated, a trans-		
LOCATION III OF INSTAL- LATION	II OF INSTAL-									NOTIFI- rm. The
FOR OFFICIAL U	SE ONLY		RIVILLE							
V OC		co	MMENTS							
15 16	N'S EPA I.D. NUM	BER APPROVED	DATE RECEIVE	:5					55	
FNYDO96	693507	7 1 1 16 16	(yr., mo., & day	22						
I. NAME OF INST	TIES	acyacida								TERM
SAUGER 30 II. INSTALLATIO		ACKAGIMO	S CORP.				67			
II. INSTALLATIO	MAILING AD	STREET OR P.O. BOX							HE L	HERE
3 PO BO	x 179									
	CITY	OR TOWN		ST. ZIP	CODE					
4 S A U 6 E A	PITIES			Ny 12	477					
III. LOCATION O		N ET OR ROUTE NUMBER							Her	
SAWYEI	2 1 N D.	PARK NO		REET		111	KON	•		
15 16	CITY	OR TOWN	<u> </u>		45 CODE	M	isa,	11		
6 SAUGER	TIES			NY 12						
IV. INSTALLATION		MARKET ELLER		40 41 42 47	- 51		angua.		MS ST	III GARAGE
210000	NAME AN	ID TITLE (last, first, & jo				NE NO	. (area co	de & no).)	Hep III
2 J O S E P)	FIEFE	L PLANT	MGR		45 46 -	4 - 2	46-	49	4/	
V. OWNERSHIP		A. NAME OF INSTAL	LATION'S LEGAL	OWNER		SHEET				HELLER
8 P. GARL	OCK D.	HANSON	G. SAL	ERNO			П	П		
(enter the appropriat	B. TYPE OF OWNERSHIP (enter the appropriate letter into box) VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))									
F = FEDERAL M = NON-FEDE		A. GENERA		□ B. T	RANSPO	RTATIC	ON (compi	ete iten		Taylor .
VII. MODE OF TR	VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))									
G1 A. AIR G2 B. RAIL G2 C. HIGHWAY G4 D. WATER G56 E. OTHER (specify):										
VIII. FIRST OR SUBSEQUENT NOTIFICATION Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your lectallation's EPA I.D. Number in the notification of hazardous waste activity or a subsequent notification.										
If this is not your first	notification, enter	your Installation's EPA I.	D. Number in the s	tification of haze pace provided be	ardous was alow.	te activi	ity or a su	bsequer	nt notif	fication.
						C. INS	STALLAT	ION'S	EPA I.	D. NO.
	OTIFICATION		NT NOTIFICATION	d (complete item	(C)					
IX. DESCRIPTION OF HAZARDOUS WASTES Please go to the reverse of this form and provide the requested information.										
EPA Form 8700-12 (6-80) CONTINUE ON REVERSE										

REVERSE



SEPA

RCRAInfo NOTIFICATION DATA DISCREPANCY FORM

Information from RCRAInfo

Changed Information ("E" record only)

Facility Name: Sougesties Tokogung Corp RCRA ID Number: N TOO 98935677 Facility Address: Sougesties ST: NY ZIP: 12477 Mailing Address: Po Pox 179 Mailing Address: Po Pox 179 City: Sougesties ST: NY ZIP: 12477 Mailing Address: Po Pox 179 Mailing Address: Po Pox 179 Facility Contact: Hearty M. Donels Phone: 914 - 246 - 494 / Owner/Operator: SIC Code(s): 32319 Cither Commercial Probing Waste Codes: DOO 1 FOOD Generator Status (LQG/SQG): Generator Status (LQG/SQG): Other: RCRAInfo Data Entry Staff will enter all Notification Data changes provided. Non-LQG/SQG Generator Status Code (Circle Only One Number) 1 Conditionally Exempt Small Quantity Generator (CESQG) 6 No longer generates hazardous waste - still in business 2 Definitionally Excluded Waste 7 No longer generates hazardous waste - out of business 3 Delisted Waste 8 Never generated hazardous waste - out of business 4 One-time Hazardous Waste Generator 9 RCRA ID number used to transport non-hazardous waste 4 One-time Hazardous Waste Generator 10 Regulated under other RCRA ID number (S): Contact Name: Phone: Authorized by: Effective Change Date: (Check: Federal or State RCRA Manager)			The state of the s				
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